Date In: 3/5/18-17:34	re Services. well a savios M	1	Done b	Q+00
711111111	Jeb description	Date & Time Completed	Done o	
Ref No: NA NC18028150/24	SAS e-filing	i		
Veh No: 55772010	E-mail (within Shrs, AIC 2hrs)	1		
D.O.A : 3/1/8-12:05	i-Motor Claim Form	MT 0992894-001	3/4/18 18:	73
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report	<u> </u>		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:	
TP Particulars: Veh No: 6 BF	14935A . INC			
Owner / Driver: (Tel:		
Policy No: () P	eriod: (Cover Type: (
Confirmed by : (Date:	Time:	1000/3	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	The second of th	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,	,000()/\$2,000()	Carlo Marie Carlo Communication	ragged for the control	
General Remarks;-	A SEARCH TO THE PARTY OF THE PA			
() Walk-In Customer: Customer's inf	formation strictly Confidential & S	Strictly NO refer of repairer	·	
() Total Loss Case : to e-mail Insu				
The state of the s		Towing Co: ()
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Remarks:- (INC hotline: 6788 6616)	Section at the second section of the second section of the second section sect		A - 12 - 1 A - 1	
-7FF-7	Courtesy Car ()			
2) QC Check / Post Repair Inspection	E20003 ()			
3) Upload Resurvey Photo [Repair Cost > 5	\$3000]			
Injury:	·			
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Date/Time Actions	1	Separation Checklist	Anii (S)	
Date/Time: Actions	1971 S. Zandreck (1971)	reparation Checklist:	Anii (\$) fit Bill	
Date/Time Actions	1) AR : Accid	ent Reporting (\$30); see Assessment (\$100); INC	fit.Bill (\$30)	
NAI802772	1) AR : Accid 2) DA : Darra 3) TF : Towin	ient Reporting (\$30); age Assessment (\$100); INC	(\$80) \$40/\$45	
NAI802772	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follow	ient Reporting (\$30); ige Assessment (\$100); INC ige Fee w-Through Survey w-Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	
NAI802772 Claimant's Particulars :- Driver/Owner:	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin	ient Reporting (\$30); age Assessment (\$100); INC ag Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30	
NAI802772 Claimant's Particulars:- Contact No:	1) AR : Accid 2) DA : Darw 3) TF : Towis 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-iu 7) N1 : Idao I	ient Reporting (\$30); ige Assessment (\$100); INC ing Fee w-Through Survey w-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 20 spection DA + SMRT Survey	(\$80) (\$40/\$45 \$120 \$30 (\$20)	
NAI802772 : Claimant's Particulars :- Contact No:	1) AR: Accid 2) DA: Darw 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae 1	ient Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2) spection	(\$80) \$40/\$45 \$120 \$30 205) \$75	
NAISO2772 Claimant's Particulars:- Contact No: Camaged Portion:	1) AR: Accid 2) DA: Darw 3) TF: Towis 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae 1 3) NTUC Ad OD*	lent Reporting (\$30); lege Assessment (\$100); INC lege Fee w-Through Survey w-Through Survey (Resurvey) lege against INC Only (wef 10 Jan 2) spection DA + SMRT Survey ditional Services	(\$80) (\$40/\$45 \$120 \$30 (205) \$75 \$160	
NAI802772 Claimant's Particulars:- Contact No: Camaged Portion:	1) AR: Accid 2) DA: Darw 3) TF: Towis 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae 1 8) NTUC Ad OD!* *N5: Cour *N6: Repa	lent Reporting (\$30); lege Assessment (\$100); INC lege Fee w-Through Survey w-Through Survey (Resurvey) lege against INC Only (wef 10 Jan 2) spection DA + SMRT Survey ditional Services:- lesy Cer / Tpt Allowence it Co-ordination	(\$80) \$40/\$45 \$120 \$30 205) \$75 \$160	
NAISO2772 Claimant's Particulars: Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge):	1) AR: Accid 2) DA: Darw 3) TF: Towis 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae 1 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Fost	lent Reporting (\$30); lege Assessment (\$100); INC lege Assessment (\$100); INC lege Fee w-Through Survey w-Through Survey (Resurvey) lege against INC Only (wef 10 Jan 2) spection DA + SMRT Survey ditional Services:- lesy Cer / Tpt Allowance it Co-ordination Repair Inspection	(\$80) \$40/\$45 \$120 \$30 205) \$75 \$160 \$5 \$10 \$25 \$5	
NAISO2772 Claimant's Particulars:- Contact No: Camaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments:-	1) AR : Accid 2) DA : Darn 3) TF : Towin 4) FT : Follon 5) if T : Follon For claimin 6) TR : Re-in 7) N1 : Idae 1 8) NTUC Ad QDL* *N5: Cour *N6: Reps *N7: Fost *N8: DV / TP (N11)	lent Reporting (\$30); Ige Assessment (\$100); INC Ige Assessment (\$100); INC Ige Ree -Through Survey -Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 2) Ige against INC Only (wef 10 Jan 2) Iteration It	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$25 \$20	Add B
Date/Time: Actions	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae 1 8) NTUC Ad QD* *N5: Cour *N6: Reps *N7: Fost +N8: DV	lent Reporting (\$30); Ige Assessment (\$100); INC Ige Fee W-Through Survey W-Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 2) Spection DA + SMRT Survey ditional Services Itesy Car / Tpt Allowance it Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	(\$80) \$40/\$45 \$120 \$30 205) \$75 \$160 \$25 \$10 \$23 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	Amt ()

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7, By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

 By the lodgement of this report to the insurers, you necession aforesaid. 	and to the archiving of this report at the control and to open
	ACCIDENT STATEMENT
Date Of Report	03/05/2018 17:34
Date Of Accident	03/05/2018 12:05
Exact Location Of Accident	SLIP RD JLN AHMAD IBRAHIM TWDS PIONEER RD NORTH
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ7201U
Insured/Policyholder	
Name Of Registered Owner	TAN GOY HAW
NRIC No	S7472681Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97835139
Alternative Phone No	OFFICE-97835139
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.0L CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094835494
w was ware	

Driver

Cover Note Number

TAN GOY HAW Name of Driver S7472681Z NRIC No. 30/03/1974 Date Of Birth INDOOR Occupation 16/06/1997 Date Of Driving Pass

20 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97835139 Mobile Number

Fax Number

OFFICE-97835139 Contact Number

NOEMAIL EMail Address

BLK 304 WOODLANDS STREET 31 Address

#03-117

NO

1

NO

730304 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2

Number of vehicles involved in the accident Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBF4925A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAN GOY HAW Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJJ7201U

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 Interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (lii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VELYCUR A	- 555 7	201 U				/ 11	ROWND	
UPHICLE B	- GBF 40	125 A				/ "		
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	DRIVING STRAIGHT ON THE RIGHT LANE OF JUN APMAD
	TOWARDS JURGAG TOWN HALL DIRECTION. I WAS ON THE
RICHT L	CEM STASSER FOR STYNIS SHAT ONLY BASSELLE MAJ)
WHEN CO	TO MOITS THOSE CALLED SHT OF HAIM
JAN AD	MAD IBRAHIM / PIONEER ROAD NORTH / PIONEER ROAD)
-	ED BRAKE TO COMPLETE STOP AT THE CHURWAY
	- and with all situation was the company of the sound
	SUDDENLY GETER A FEW SECUMOS I FELT A GREAT
	FROM THE REAR OF MY VEHICLE.
ALIGHTED	FROM MY VEHICLE AND REPUZED IT WAS A VEHICLE
	(GBF 4925 A) THAT COLLIDED TO THE REPROSE MY
	MHEN I WAS STRIVNARY STOPPED AT THE GIVE WAS
CLNE.	
vamed	¿ A- SJJ 7201U
	E B- GBF 4925 A
0.04 11 000	

DECLARATION

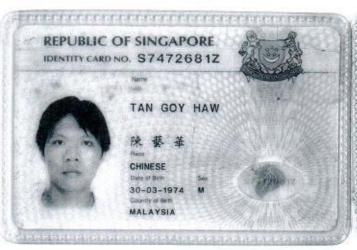
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

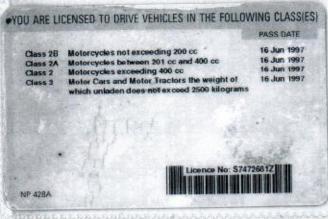
NRIC/FIN No ::

/ehicle No.	SSJ 720 4 Model / Make MISSAN TEAMS
ate of Accident	03/05/2019
ime of Accident	12 OF HRS
ocation of Accident	JUN DHMAD IBRAHIM SCIPROAD INTO ROUNDABOUT OF
xact purpose use during accid	dent Parvara usic "Nonese to none
lame of Owner	TAN GOY HAW TOWARDS THRONG TOW
elephone No.	H/P: 9793 5139 Home: Office:
IRIC	574726817
Address	BUK 304 WOODLANDS 57 31 403-117 5(730304)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTMC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5094435494
Name of Driver	As Above If No,
VRIC	Any Passengers: NIL
Date of birth	30 max 1974
Occupation	Outdoor / Indoor
Driving License Pass Date	16 Jun 1997
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	TAN GOM HAW 9793 5139
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	CABIP 4925 A Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes / No
Email Address	
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	1 1
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTR CTO
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ian
FAX NO	6741 0510











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5094835494

Cover : Third Party : SJJ7201U

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: JN1BDUJ32Z0000344

: TAN GOY HAW

: 05 Oct 2017

: 05 Oct 2018

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: N/A EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : N/A INSURE WITH COE : NO NCD PROTECTION : TAN GOY HAW PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 05 Oct 2017 17:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage +	Change Passwor	d + Log Ou
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	cident	03/05/2	2018 12:05	
	Vehicle	No.(For Motor)	S337201U							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5094835494	TAN GOY HAW	S7472681Z	GPC	Third Party	SJJ7201U	S337201U	06/10/2017	05/10/2018

olicy No.	5094835494	Policyholder Name	TAN GOY H	AW	Policyholder NRIC	S7472681Z	
ddress	BLK 304 #03-117 WOODLAND	S STREET 31 S	NGAPORE 7	30304			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/10/2017	Effective Date	06/10/2017	00:00	Expiry Date	05/10/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policy	holder Mailing Address			V-1000 - 200 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100		WE 12 W. 10 - 27 C. 20	
Address 1	BLK 304 #03-117	Addr	ess 2	WOODLANDS STR	EET 31	Address 3	SINGAPORE 730304
Address 4		Addr	ess Type	Singapore address	1.5	Post Code	730304
Unit No.	03-117	Rela Num	ted Policy ber	5094835494			
N Torus	ed Object: SJJ7201U						
D Insur	Was :						
₩ Endo	rsements						Endorsement Content

A CONTRACTOR OF STREET										
cident MT/0992894	200000000000000000000000000000000000000		Vehicle No.	\$1172010		G5	T Registration No.			
TOTAL CONTRACTOR OF THE PARTY O	5094835494		Action law	**********		Pol	scyholder NRIC	5	7472681Z	
ALE THE STATE OF T	TAN GOY HAW PRIVATE CAR INSURANCE		Cover Type	Third Party		LD	ading	0		
2000			Contact No.(Office)	0		Co	ntact No.(Home)	0		
177 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	97835139		Special Remark			eC	ode	1	- V	
mail Address	On Own		TCA	® No ○Yes		eC	ode Resson			
ex.	® No ○Yes		NCD Entitlement(%)	50		Pri	vate Hire	N	0	
CD Protection	No		MED District of or	100						
Accident Details	7.000000000000000000000000000000000000		Acodem Report Within 24 hrs	Yes:		Ac	cident Type	c	olision - Head t	e Rear
eport Date	03/05/2018 18:31		Time of Accident hhimm	12:05		Co	ountry of Acadent	5	ingapore	
ate of Accident	03/95/2018		Orange Force			10	M No.			
eporting Centre	SLIP RO JUN AHMAD IBRA	OW THIS STORE								
coderff Location	STIL KD 104 MHAND IBHN	PUR THUS PIONE	En de dentis							
Benefits Excess										
		0.00	Additional Excess	0		W	indscreen Excess	0	.00	
own damage Excess		0.00	Outside Singapore DD Excess		0.00					
mnamed Driver Excess ford Party Excess		0.00	Outside Singapore TP Excess		0.00					
GST Registered Informa	ation	31831	Y-00-378-5-1-3							
ST Registered	f40				egistration Date					
ST Registration No.				GST S	tatus Verified		Ves			
todrication History										
Policyholder Mailing Ad	idress									
Address 1	BLK 304 #03-117		Address 2	WOODLANDS	STREET 31	A	odress 3		SINGAPORE 730	0304
Address 1: Address 4			Address Type	Singapore add	dress	P	ost Code		730304	
unit No.	03-117		Related Policy Number	5094835494						
⇒ OI Driver Info										
Driver Name	TAN GOV HAW		Driver Type	Main Driver			Inver DOB		30/03/1974	
unnamed driver Name			Driver NRIC	57472681Z			Hiving Experience		20	
Register Date of Driver License	16/05/1997		Driver Age	64			Contact No.(Home)		0	
Contact No.(Mobile)	97835139		Contact No. (Office)	0 WOODLANDS	GYGCET TI		address 3		SINGAPORE 73	0304
Address 1	BLN 304		Address 2	Singapore ad			Post Code		730304	
Address 4			Address Type	Singapore au	LIFERS		0000000000			
Unit No. Does he own a Singapore	03-117 () Yam (®) No		Driver Vehicle No.				priver Insurer Comp	any		
Registered car?										
Declaration Breathalyser or Blood Test Breathalyser or Blood Test	0 mg		Any injury?	Yes ○ No	3					
Declaration Breathalyser or Blood Test	Omp			® Yes ○No	3					
Declaration Breathalyser or Blood Test Reading?	Omg			® Yes ○ N	3					
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New			Any injuny?				Insured NRIC		57472601Z	
Deciaration Beachalyser or Blood Test Reading? Modification History Claim 001 New:	[DD-MX	V	Any injury?	TAN GOY HA			Insured NRIC Corrisct No.(Office)		57472601Z	
Deciaration Beachayler or Blood Test Reading? Modification History Claim 001 New: Claim Type * Corract No.(Mobile)		V	Any injury? [Insured Name Contact No.Drome)	TAN GOY HA					57472001Z GRF4925A	
Deciaration Beachayler or Blood Test Reading? Modification History Claim 001 New: Claim Type * Corract No.(Mobile) Email Addresss	[CO-MX 97826129		Any injury?	TAN GOY HA			Contact No.(Office)			
Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 New: Claim 1996 * Corract No.(Mobile) Email Address Claim Description	[DD-MX		Any injury? Insured Name Contact No. (Home) O) Versice Number	TAN GOV HI NO. 53172010	N.W		Contact No.(Office) TP Vehicle Number			
Deciaration Beachayler or Blood Test Reading? Modification History Claim 001 New: Claim Type * Corract No.(Mobile) Email Addresss	[CO-MX 97826129	DN 3 May 2018	Any injury? Insured Name Contact No. (Home) OI Verside Number Insured Liability +	TAN GOV HE NO. S317201U	w		Contact No.(Office) TP Vehicle Number Name of Preferred V		GBF4925A	Y.
Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 1996. * Cornect No. (Mobile) Email Address Claim Description Preferred Workshop Contact	DO-MX 97836139 S137201U / GBF4925A Ves		Any injury? Insured Name Contact No. (Home) OI Venicle Number Insured Liability * Preferend Rapair Option	TAN GOV HE NO. S317201U	N.W		Contact No.(Office) TP Vehicle Number Name of Preferred V			- 70
Declaration Breathalyser or Blood Test Reading? Claim 003 New: Claim Type + Comact No.(M604e) Email Address Claim Description Preferred Workshop Contact No.	DO-MX 97826139 S137201U / CBF4925A	DN 3 May 2018	Any injury? Insured Name Contact No. (Home) OI Verside Number Insured Liability +	TAN GOV HE NO. S317201U	w		Contact No.(Office) TP Vehicle Number Name of Preferred V		GRF4925A Received	- 70
Deciaration Beathalyser or Blood Test Reading? Modification History Claim 001 New: Claim Type: * Corract No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	DO-MX 97836139 S137201U / GBF4925A Ves	DN 3 May 2018	Any injury? Insured Name Contact No. (Home) OI Venicle Number Insured Liability * Preferend Rapair Option	TAN GOV HE NO. S317201U	w		Contact No.(Office) TP Vehicle Number Name of Preferred V		GRF4925A Received	- 70
Declaration Beathalyser or Blood Test Reading? Modification History Claim 001 New: Claim Type: * Corract No. (M604e) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	DO-MX 97836139 S137201U / GBF4925A Ves G140642016 16:33	DN 3 May 2018	Any injury? Insured Name Contact No. (Home) OI Venicle Number Insured Liability * Preferend Rapair Option	NE. S327202U Not at Paul	L V		Contact No.(Office) TP Vehicle Number Name of Preferred V		GRF4925A Received	- 70
Deciaration Beathayler or Blood Test Reading? Modification History Claim 001 New: Claim Type: * Comact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Regure Finalisation Date Regure Finalisation Date Regure Token By	DO-MX 97836139 S137201U / GBF4925A Ves G140642016 16:33	DN 3 May 2018	Any injury? Insured Name Contact No. (Home) OI Venicle Number Insured Liability * Preferend Rapair Option	TAN GOV HE NO. S317201U	L V		Contact No.(Office) TP Vehicle Number Name of Preferred V		GRF4925A Received	- 70
Deciaration Breathalyser or Blood Test Reading? Claim 003 New: Claim 1996 * Cornact No. (Mobile) Email Address Claim Preferred Workshop Contact No. Reguine Finalisation Date Registered Report Token By Izi Print AK Istser	DO-MX 97836139 S137201U / GBF4925A Ves G140642016 16:33	DN 3 May 2018	Any injury? Insured Name Contact No. (Home) OI Venicle Number Insured Liability * Preferend Rapair Option	NE. S327202U Not at Paul	L V		Contact No.(Office) TP Vehicle Number Name of Preferred V		GRF4925A Received	- 70
Deciaration Beathalyser or Blood Test Reading? Claim 001 New: Claim 1996 * Corract No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By If Print AK letter Attachment	DO-MX 97835139 S197201U / GBF4925A Ves G1905/2016 16:33 Jackson Jackson	DN 3 May 2018	Any injury? Insured Name Contact No. (Home) OI Venicle Number Insured Liability * Preferend Rapair Option	NE. S327202U Not at Paul	L V		Contact No.(Office) TP Vehicle Number Name of Preferred V		GRF4925A Received	- 70
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